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Study Objectives: This study investigates trends in the representation of female speakers at the American College of Emergency Physicians (ACEP) scientific assembly - the largest academic emergency medicine conference in the world.

Methods: Data was collected from the American College of Emergency Physicians (ACEP) Scientific Assembly’s online database from 2016-2018. We collected information regarding each presentation given at the national conference, including the title of the presentation, speaker names, duration of the presentation, and specialty category. Speaker sex was recorded using Google searches and department Web sites. Using the Elsevier SCOPUS database, we identified h-index, number of publications, and number of times cited. Exclusion criteria were speakers who did not hold an MD or DO degree. We used SPSS software to obtain descriptive statistics and perform independent-tests.

Results: From the three years of conference data, there were a total of 939 invited speakers included in the analysis. Of the 939 invited speakers, 34.3% were women and 65.7% were men. In 2016, there were a total of 349 speakers, of whom 27.1% were female and 72.9% were male. In 2017, there were a total of 296 speakers, with women comprising 34.5% of speakers, and men making up the remaining 65.5%. In 2018, women made up 42.2% of the speakers presenting at the conference, and men made up the remaining 57.8%. Presentations given by women were shorter, on average, than those of their male counterparts (p-value <0.05). The average number of publications, however, did not significantly differ between men and women (p-value >0.05). In 2017 and 2018, male speakers, on average, had statistically higher h-indices, number of publications, and citations (p-value <0.05).

Conclusion: These results demonstrate an upward trend in the representation of women speakers at the largest academic emergency medicine conference in the world. From 2016 to 2018, there was a steady increase in the proportion of female speakers, with women comprising 42.2% of all speakers at the 2018 conference. Women’s presentations also increased in length, on average, from 2016 to 2018. Despite these advancements in representation, male speakers still speak for longer, on average, and make up the majority of presenters. Although women account for a significant portion of the workforce in emergency medicine, efforts to improve female representation in academic emergency medicine are necessary. Women currently only make up 28% of the workforce in academic emergency medicine. It can be argued that improving women’s representation at scientific conferences may result in more opportunities for female engagement in academic emergency medicine.

83 Utilization of Ultrasound in Resuscitation Rooms in an Urban Level 1 Trauma Center

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Study Objectives: The resuscitation rooms of emergency departments (EDs) are resource-rich rooms that are fast-paced and costly to maintain and operate. Often times, point-of-care ultrasound (POCUS) is used in ED resuscitation rooms as one of the resources for immediate diagnosis, to assist medical decision making, and aid the course of treatment. Unfortunately, failure of POCUS documentation along with the lack of patient charges may result in the possible loss of hospital revenue. The primary objective of the study is to assess the effects of educating residents on the importance of documenting POCUS procedures in resuscitation rooms into the patient chart and saving the image(s) to the US machine. Secondary objectives include assessing the types of patients utilizing the POCUS in resuscitation rooms, evaluating the documentation of procedures of POCUS, and to identify potential improvement in billing and revenue capture.

Methods: This is an observational cohort study. 467 patients were included prior to resident education on US documentation and 498 patients were included post education. Documentation of ultrasound use and whether images were saved to QPATHE were summarized by counts, percentages, and 95% confidence intervals. Chi-square tests were used for the comparison between pre- and post-resident education and the t-test was used for the continuous variable. Significance was inferred at p<0.05. The distributions of demographic, medical history, and clinical presentation variables were compared between cases for which ultrasound was used versus cases that were not. The same summary measures were calculated for various uses of ultrasound.

Results: From September 2016 through March 2017, patients were analyzed prior to resident education and from September 2017 through February 2018, patients were analyzed post resident education. Of the 193 POCUS procedures that were either documented in the patient chart and/or saved to QPathE, 27% of images were saved following resident education as opposed to only 13% being saved pre-resident education. The percentage of residents who saved the images to QPathE was statistically significantly higher for the group that received training on the importance of documenting POCUS (p=0.029; 95% CI 15%-23%). There was no statistically significant difference in the documentation of POCUS use between the two groups (p=0.845; 95% CI 60%-70%). Furthermore, out of 965 patient resuscitation room cases performed between September 2016 and February 2018, US was performed in 336 of them. In some patients, multiple POCUS procedures were performed totaling 403. Almost 48% of the collected POCUS procedures were either documented and/or saved to QPathE. It is estimated that approximately $355,940.00 was lost due to the absence of POCUS billing.

Conclusion: Resident education on the importance saving US images to QPATHE was found to be beneficial. The results indicate that there is significant potential for an increase in hospital revenue if billable POCUS procedure codes are implemented. In order to maximize revenue capture and prevent documentation errors, standardized templates for each application of POCUS should be developed and implemented.